

LYNN SPECIAL NEEDS CAMP

250 COMMERCIAL STREET

LYNN, MA 01905

781-477-7096

2013-2014 EMPLOYMENT APPLICATION

PERSONAL STATUS

Name:

Address:

City:

State:

Zip Code:

E-mail Address:

Cell Phone #:

Home Phone #:

Date of Birth: ____/____/____

ARE YOU CERTIFIED IN:

CPR:

____ YES

____ NO

FIRST AID:

____ YES

____ NO

EDUCATION

Type of School	Name of School	Location	Dates Attended (M/Y - M/Y)	Degree/Date of Completion
High School				
College				
Other				

EMPLOYMENT RECORD Begin With Most Recent Employment

Dates: From To	Company Name	Telephone Number
Titles and Duties		
Reason For Leaving	Supervisor's Name	Telephone Number
Dates: From To	Company Name	Telephone Number
Titles and Duties		
Reason For Leaving	Supervisor's Name	Telephone Number
Dates: From To	Company Name	Telephone Number
Titles and Duties		
Reason For Leaving	Supervisor's Name	Telephone Number

REFERENCES

Please give the names of three (3) persons not related to you.

Name	Address	City, State, Zip Code	Phone Number	E-mail Address

Please use this space to add any further comments, which you believe, have enhanced your abilities to work with children, ages 6-13 years old.

How did you find out about this position?

Applicant's Signature: _____

Date: ____/____/____

Cori Request Form

The City of Lynn has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for the position of _____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant/Employee Signature

Applicant/Employee Information (Please Print)

Last Name First Name Middle Name

Maiden Name or Alias (if applicable) Place of Birth

Date of Birth Social Security Number Mother's Maiden Name

Current Address:

Previous Address:

Sex: Height: ____ Ft. ____ In. Weight: ____ Eye Color: ____

State Driver's License Number:

The above information was verified by reviewing the following form of government issued photographic identification: _____

(please attached copy of photo id)

Requested By: (signature of CORI authorized employee)

CHSB USE ONLY

Record Attached: _____ No Record: _____